

## ENDORSEMENT FROM EMPLOYER

*According to Chapter 135-X-5-.02 of the Board of Examiners Rules and Regulations, all high school graduates or GED recipients applying for licensure must provide evidence of at least one year of experience working fulltime in an administrative or resident or patient care position in a licensed assisted living facility, nursing home, hospital, or resident care setting for the elderly or disabled within two years preceding date of this application. Along with this evidence, the Letter of Endorsement below must be completed by the administrator, owner, supervisor, or governing authority of such place of employment and submitted with the applicant's complete application.*

### Letter of Endorsement

This statement verifies that I \_\_\_\_\_ am currently the  
Name of Administrator/Owner/Supervisor/Governing authority

\_\_\_\_\_ of \_\_\_\_\_  
Title Name of Facility/Hospital/Resident Care Setting

I further verify that, within two years preceding the date of this application, \_\_\_\_\_  
Name of Applicant

\_\_\_\_\_ has worked fulltime at this facility/hospital/resident care setting  
in an administrative or resident/patient care position for at least year.

I give \_\_\_\_\_ my unqualified endorsement in his/her intent  
Name of Applicant  
to apply for licensure as an Assisted Living Administrator.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Phone: \_\_\_\_\_  
Area Code

*This form is part of the Application for License as an Assisted Living Administrator packet  
produced by the Alabama Board of Examiners of Assisted Living Administrators,  
5921 Carmichael Road, Montgomery, Alabama, 36117.*